



Memorandum

Date: June 2, 2003
From: Director, Immunization Services Division/NIP
Subject: VFC Support for a Universal Hepatitis B Birth Dose Policy
To: Immunization Program Managers

The Advisory Committee on Immunization Practices (ACIP) and the National Immunization Program (NIP) support the implementation of a universal hepatitis B birth dose policy for several reasons:

1. Approximately 20,000 infants born to hepatitis B surface antigen (HBsAg) positive women are born annually in the United States. These infants require hepatitis B vaccine and hepatitis B immune globulin (HBIG) within 12 hours of birth to prevent perinatal hepatitis B transmission. However, because errors or delays in documenting, testing, and reporting maternal HBsAg status can and do occur, administering the first dose of hepatitis B vaccine soon after birth to all infants acts as a safety net and reduces the risk for perinatal infection in infants whose mothers' HBsAg status is either unknown or incorrectly documented at the time of delivery.
2. Childhood transmission of hepatitis B virus does occur in infants whose mothers are HBsAg negative but who are exposed to persons in the household with chronic hepatitis B virus (HBV) infection. Two out of three cases of childhood transmission occur in this manner and these children could be protected with a birth dose of hepatitis B vaccine.
3. Initiating the hepatitis B vaccine series at birth has been shown to increase a child's likelihood of completing the vaccine series according to the recommended childhood schedule.

As indicated in the 2003 Childhood and Adolescent Immunization Schedule, the ACIP prefers the birth dose of hepatitis B vaccine over vaccination after discharge from the hospital recommending that "all infants should receive the first dose of hepatitis B vaccine soon after birth and before hospital discharge; the first dose may also be given by age two months if the infant's mother is HBsAg negative."

The VFC Resolution for hepatitis B (Resolution 02/03-1) also explicitly indicates a preference for administering the first dose of hepatitis B vaccine at birth, as outlined in the table on the following page.

The routine recommended schedule for hepatitis B vaccination for infants born to hepatitis B surface antigen negative mothers

Vaccination Schedule Options

	Option 1*			Option 2		
Dose	Single antigen†	Single antigen† /PEDIARIX™	Single antigen† /COMVAX®	Single antigen†	PEDIARIX™	COMVAX®
1	Birth	Birth (single antigen)‡	Birth (single antigen)‡	4-8 weeks	8 weeks	8 weeks
2	8 weeks	8 weeks	8 weeks	16 weeks	16 weeks	16 weeks
3	6 months	16 weeks	16 weeks	6-18 months	6 months	12-15 months
4		6 months	12-15 months	NA	NA	NA

* Option 1 is preferred

† Only single antigen: Engerix-B® or Recombivax®

‡ Only a single antigen hepatitis B vaccine can be given at birth

Given the ACIP's preference for the birth dose of hepatitis B vaccine and its preference for combination vaccines, the VFC Program will support requests from grantees for four doses of hepatitis B vaccine for routine vaccination of infants. Hospitals using VFC vaccine must enroll as VFC providers and must screen for eligibility for the VFC program.

If your state is considering providing the hepatitis B vaccine birth dose to all hospitals, please be aware of the following:

1. If you are supplying the birth dose of hepatitis B vaccine to hospitals, those hospitals must be registered VFC providers.
2. You may only supply VFC vaccine to a hospital to cover children that are VFC-eligible. If you are supplying vaccine for the hospital to cover all births, you must use vaccine purchased from 317 or state funds to cover non-VFC-eligible children.
3. Please work with your hospitals to make provider profiles as accurate as possible. Hospitals screen everyone for insurance status and can easily tell you how many of their births are covered by Medicaid, private insurance or self-pay. This information can be used for required VFC-eligibility screening in hospitals.
4. We are very concerned that hospitals may bill for vaccine being supplied by the state. Please work with your hospitals to assure that they are not billing insurance plans for vaccine supplied by the state.

Original Signed By
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